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P. 02/03

Custom No.: 31561

Docket No.: 09641-US-PA

BEST AVAILABLE COPY Application No.: 10/064,881

PATENT

Request	Applicaton No.	: 10/064,881
For Continued Examination	Filing Date	: August 27, 2002
(RCE) Transmittal	First Named Inventor	: Yi-Chen Chang
Address To: Commissioner for Patents	Group Art Unit	: 2674
Customer Service Window Mail Stop RCE	Examiner	: EISEN, ALEXANDER
Randolph Building 401 Dulany Street Alexandria, VA 22314	Attorney Docket No.	: 09641-US-PA

This is a Request for Continued Examination (RCE) under 37 C.F.R. 1.114 of the above-identified application

1.Submission required under 37 CFR §1.114.

04/25/2005 DBELL1	0000	[x] Previously submitted 0002-502620 10064881 (x) Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on
01 FC:1801 02 FC:1251	790.00 120.00	March 24, 2005. O Consider the arguments in the Appeal Brief or Reply Brief previously filed or
	b.	[] Enclosed () Preliminary Amendment in () page(s). () Other Documents in () page(s).

2. Miscellaneous

- a. [] Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ month(s).
- b. [x] Associate Power of Attorney.

3 Fees are calculated as follows:

	NUMBER FILED	CLAIMS FILED HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL PRE
Basic Fee					\$ 790	\$ 790
Total Claims	20	MINUS 20	-0	×	\$ 50	- \$ 0
Independent Claums	3	MINUS 3	=0	×	\$ 200	=\$0
(1) month(s) e	xtension of time is	bereby requested.		Tin	e Extension	Fee = \$ 120
,					Tot	ป: \$ 910

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PY .

a. [x] Please charge the fee in the amount of \$ 910 as calculated above to account No. 50-2620 (Order No.: 09641-US-PA).

If the payment is not fully covered in response thereof, the Commissioner is authorized to charge any fees required in connection with the filing of this paper to account No.: 50-2620 (Order No.: 09641-US-PA).

Date: April 19, 2005

Belinda Lee Registration No.: 46,863

Jianq Chyun Intellectual Property Office 7th Floor-1, No. 100 Roosevelt Road, Section 2 Taipei, 100 Taiwan Tel: 011-886-2-2369-2800

Fax: 011-886-2-2369-7233

Email:

belinda@jcipgroup.com.tw;usa@jcipgroup.com.tw

,	CLAIMS AS	S FILED -	PART	ĺ			SMALL E	NTITY		OTHER	THAN
. *		(Column			mn 2)		TYPE [OR		
TOTAL CLAIMS	3						RATE	FEE]	RATE	FEE
FOR		NUMBER F	FILED	NUMB	ER EXTRA		BASIC FEE		OR	BASIC FEE	- :
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INDEPENDENT C	CLAIMS	mir	nus 3 =	*			X100=		OR	X200=	
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* If the difference	e in column 1 is	less than ze	ro, ente	r " 0" in c	olumn 2	ł	TOTAL	<u> </u>	OR	TOTAL	
RCE	CLAIMS AS A	MENDED	- PAR	IT II						OTHER	
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FIRST PRES	(Column 1)	ULTIPLE DEF	(Colu	mn 2)	(Column 3)	 	TOTAL	ADDI-	OR	TOTAL	ADDI-
m FIRST PRES	(Column 1)	ULTIPLE DEF	(Colui HiGH NUM PREVI	mn 2) HEST IBER			TOTAL	ADDI- TIONAL FEE	OR	TOTAL	
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